

Vehicle Incident Report Form

State Budget and Control Board
General Services Division
Office of State Fleet Management
140 Stoneridge Drive, Suite 650
Columbia, SC 29210-8257

The State of South Carolina requires its employees to operate State vehicles in a safe and courteous fashion, obeying all transportation laws. Citizens who observe a State vehicle being operated improperly are asked to notify State Fleet Management of such incidents.

Please notify our office by completing the form below and sending it to the address listed at the top of this page. We will forward a copy of the complaint to the appropriate agency for an investigation of the incident to determine if corrective action is required.

We at State Fleet Management sincerely appreciate your interest and concern for the proper operation of the vehicles belonging to the State, and we thank you for your time and effort.

Date of Observation Date: _____ Time: _____ AM / PM

Vehicle Identification (if known) License Tag No.: _____

Year: _____ Make: _____ Model: _____

Driver Identification (if known) Name: _____

Approximate Age: _____ Sex: _____ Description: _____

Location of Incident (such as street, highway, intersection, direction of travel)

Brief Description of Incident (please be specific; attach additional pages as necessary)

☐ Please check the box at left to receive a copy of the Agency's response to this complaint. Although signature and address are optional, we can't give you a written response without an address or a fax number.

Signature: _____ Telephone: _____

Name (please print): _____ Fax: _____

Address: _____

City: _____ State: _____ ZIP: _____

SFM Use Only

Date of Call Date: _____ Time: _____ AM / PM Telephone: _____

Received by: Name: _____ Signature: _____